

July 11, 2006

Kansas Health Policy Authority
Marcia Nielsen, Interim Executive Director
Andy Allison, Deputy Director
Connie Hubbell, Vice-Chair

Dear Members of the Kansas Health Policy Authority:

I'd like to thank you all for convening this meeting, offering those of us in the public the opportunity to share our thoughts about the Kansas health system with you this evening. There are a few roles I'll be assuming in the comments I share with you today. First, I am pleased to be able to speak with you on behalf of the Kansas Public Health Association, our Executive Director Elaine Schwartz, President Janice McCoy, and our over 500 members. I've been an active member of KPHA since moving to Kansas twelve years ago and have seen it grow in number and influence significantly over the past few years, even as it has been influencing policies for the past 80 years. KPHA has a history dating back to Samuel Crumbine of being in the forefront of numerous efforts to prevent disease and promote health within our state and throughout the nation.

Second, I am equally honored to represent the Kansas Health Consumer Coalition, for which I currently serve as president. We are a statewide organization representing a broad cross-section of persons who use health services and whose goal is to advocate for affordable, accessible and quality health care in Kansas. While relatively new, we are poised to take on a leading role in re-establishing a consumer voice in the state on health issues which affect all of us who are a part of the health system and whose health and well-being depends on getting what we need out of it.

And finally, I speak to you as a citizen of Kansas who is also an observer and student of our state health care system; one who has experience over my lifetime at many levels of health and healthcare practice, policy development and management; who has raised two kids in Kansas, manages care for a parent I moved here, and who has helped train a generation of public health and health administration managers, many of whom are now guardians of the same system which you have charge to improve upon in the coming years.

Dr. Averett has given you an excellent overview of some of the key issues KPHA considers among the most urgent to deal with at the present time. To highlight a few of them briefly:

1. **Infrastructure.** The need to maintain adequate funding and support for the network of public health agencies throughout the state that monitors, maintains and intervenes on our behalf to assure the public's health. We need to be connected to funding streams that can replace federal funds no longer available. We need to find ways to manage our programs such as Medicaid or EPSDT smarter and more efficiently.

2. **Workforce.** There will be a big retirement turnover soon and no assurance that we have persons trained in public health to replace those currently at our front lines. We need to step up our education and training.

3. **Chronic Disease Prevention.** Prevention is the lynchpin for any real effort to lower our rates of chronic diseases such as diabetes, asthma, and cardiovascular related illness. We need to find better ways to help the public practice prevention by creating incentives for both persons to do their part to minimize their risk of acquiring them in their lifetimes and physicians and other providers to get paid not just for treating illnesses but for maintaining health. This starts with school age initiatives and continues on through helping seniors in accessing preventive services such as prescription drugs. Among persons with disabilities or chronic diseases, we have to invest in innovative programs such as Medicaid buy-ins or evidence-based care management that allow persons with certain conditions the ability to work or in other ways retain their quality of life while minimizing their risk of acquiring costly secondary conditions.

4. **Preparing for and Controlling Infectious Diseases.** Virtually everyone agrees that the arrival of Bird Flu to North America isn't a question of "if," but rather "when?" I recently heard Pulitzer Prize winning journalist Laurie Garrett predict that even with all possible existing preparation, we can anticipate at least 22 million deaths in the U.S. when it gets here. In its current strain, H5NI bird flu is fatal in half of all human cases, a bit higher among younger persons. Annually, over 30,000 deaths from more ordinary flu bugs now occur. AIDS is on the rise again, and our ability to control diseases is now shaped in large part by our national response to Katrina, which as we all know exposed our most basic fault lines. We need to give public health the means to help **monitor** outbreaks of all kinds, vaccinate,

educate or in other ways **protect** where possible, and **control** – such as quarantine – when necessary. This is a state and local necessity that starts with adequate surveillance.

There are other public health issues that we consider priorities in Kansas as well. **Obesity and its outcomes; health disparities between racial and ethnic groups, wealthy and non-wealthy, urban and rural, young and old; the insidious influence of tobacco; the increase in violence and injuries, especially among youth; and tied to much of this, the diminishing affordability of health insurance of any kind to persons who either don't have any or have a form of health insurance that no longer serves as asset protection to them or their families as it once did.**

I share with you a handout of slides I had given students in one of my classes of public health problems that especially worry me ("Fox's Top Ten Public Health Problems to Worry About"). While your charge will likely not get into the realm of habitat destruction and environmental issues that would be very difficult to connect to health reform, others can be taken on immediately. On behalf of our entire KPHA membership, I urge you to look at these problems in a bold and imaginative way. Any initiatives you take to support society's interest in assuring that Kansans are as healthy as they can be will receive our unqualified and vigorous support.

I'd like to switch gears just a bit now to speak on behalf of the Kansas Health Consumer Coalition. I've given you a second set of handouts Executive Director Laurie Dale Marshall and I presented at the recent Governor's Public Health Conference in Wichita summarizing the development of our organization, as well as membership brochures that give another view of who we are. In addition to getting incorporated this past year, we have been very active in two primary areas: statewide enrollment of high risk seniors and persons with disabilities into the "Part D" Medicare Prescription Drug benefit, and understanding and publicizing the scope of medical debt in Kansas. These represent two of our three priority issues – the other being children's health – that our board identified as key priorities this past year. In addition to getting eligible persons enrolled in Part D, the major issues that we feel require your attention are:

- ***Possible cuts to Medicaid benefits and eligibility;***
- ***The ongoing challenge of the state in dealing with over 300,000 uninsured Kansans;***
- ***The burgeoning medical debt that many users of health care experience in Kansas, and the connection of this debt to the inadequacies of many forms of health insurance even among those who have coverage;***
- ***The difficulties in maintaining or expanding employer-based health insurance coverage throughout the state and especially in rural areas;***
- ***The need to streamline health services delivery;***
- ***A decline in some children's health indicators;***
- ***Access to quality health care services.***

There are a number of strategies that can be used to address these issues that have been tried in other states, and to the extent that they will improve access to affordable and quality health care in Kansas you will likely have our unqualified support as each are considered. On behalf of our organization, I would urge you to solicit and encourage the consumer voice through your deliberations. These town-hall meetings are a good step in that direction.

What types of proposals for an improved health system in Kansas can you expect us to support? Those that are equitable, spread risk, promote health, and are consistent with an underlying belief of health care as a right or social good that will keep our society strong, similar to education or security. What type of proposals can you expect us to oppose? Any that promote health of some at the expense of others, segment risk, promote costly or unproven methods and treatment

over evidence-based practice, reduce access to quality primary care and preventive services, or, more generally, build on the belief that health care is a commodity rather than a social good. For persons who use the health system and seek medical services, we all know that the status quo is no longer a viable option. We also hold true that while the idea of choice is nice, you can't shop for health care like you would a pair of socks. We've learned this painfully well in our work helping enroll low income seniors in the Medicare prescription drug benefit. Working under the assumption that people will use more health care if they are well-insured, that health insurance is a moral hazard, to our way of thinking is a non-starter.

There is a fine line you will have to walk between political courage, compromise and capitulation. I don't have to tell you that any meaningful leadership the Authority provides which will build pathways to improved health and well-being of all people in Kansas will face strong opposition. To the extent that you retain your courage and promote measures that share our fundamental belief in health care as a right, the Coalition will embrace and support your work wholeheartedly.

In closing, I applaud the goals and mission of the Kansas Health Policy Authority as you begin your work. Having witnessed the unfulfilled promises of the Roy Commission, the unmet expectations of the Healthcare Data Governing Board, and more false starts of other kinds than I feel comfortable remembering, it is refreshing to believe that the time for true health reform in Kansas has finally arrived. I would encourage you to think and act boldly in making the kinds of changes that will lead to a healthier Kansas for all. On behalf of all public health professionals and consumers of health in Kansas, we will do all we can to help you achieve our common goals.

Michael H. Fox

Kansas Public Health Association, member

Kansas Health Consumer Coalition, President